

**ATTACHMENT 4**  
**FA4417-09-R-0023**  
**PAST/PRESENT PERFORMANCE QUESTIONNAIRE**

**SECTION A: CONTRACTOR INFORMATION**

1. Contractor's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Point of Contact: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_
5. Project Title: \_\_\_\_\_
6. Period of Performance: \_\_\_\_\_

**SECTION B: RESPONDENT INFORMATION (To Be Completed By Evaluation Respondent)**

1. Respondent's Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Respondent's Name: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- E-Mail: \_\_\_\_\_
4. Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_
5. Award Amount: \_\_\_\_\_ Final Amount: \_\_\_\_\_
6. Project Title: \_\_\_\_\_
7. Period of Performance: \_\_\_\_\_

C. **FAX or Email COMPLETED QUESTIONNAIRE FORM TO:** 1<sup>st</sup> Special Operations Contracting Squadron/LGCB, 350 Tully St, Bldg 90339, Hurlburt Field, FL 32544-5810, Attention: TSgt Islam Levister, FAX : (850) 884-1272.  
Islam.levister@hurlburt.af.mil

**THIS FORM MUST BE RETURNED NO LATER THAN: 11 June 09, 4:00 P.M. local time.**

D. **PERFORMANCE INFORMATION:** Choose the number on the scale of 1 to 6 that most accurately describes the contractor's performance or situation. ***PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ANY RATINGS OF 1 OR 2.***

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1	2	3	4	5	6
Unsatisfactory	Marginal	None	Satisfactory	Very Good	Exceptional
Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	No record of past performance or the record is inconclusive.	Performance met contract requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.	Performance met all contract requirements and exceeded <b>some</b> to the government's benefit. There were <b>a few minor problems</b> which the contractor resolved in a timely, effective manner.	Performance met all contract requirements and exceeded <b>many</b> to the government's benefit. <b>Problems</b> , if any, <b>were negligible</b> and were resolved in a timely, highly effective manner

1. Developed realistic progress schedules and completed the project within the established schedule. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

2. Provided experienced superintendent, managers, and supervisors, with the technical and administrative abilities to meet requirements. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

3. Adequately controlled performance of subcontractors. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

4. Provided effective quality control which resulted in a quality finished product. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

5. Provided submittals in a timely manner. Submittals were well researched and clearly identified the proposed item. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

6. Identified problems as they occurred. Suggested approaches to resolving problems. Displayed initiative and cooperation in solving problems. Provided adequate information and pricing for change orders and negotiated them in good faith. 1 2 3 4 5 6 N/A

COMMENTS/REMARKS: \_\_\_\_\_

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7. Provided timely resolution of punch list items and closeout documentation. **1 2 3 4 5 6 N/A**  
COMMENTS/REMARKS: \_\_\_\_\_  
\_\_\_\_\_

8. Was the contractor assessed liquidated damages? YES      NO  
(If Yes, briefly explain the circumstances)  
\_\_\_\_\_  
\_\_\_\_\_

9. Based on the contractor's overall performance, would you rehire this contractor? YES      NO

OVERALL PERFORMANCE RATING \_\_\_\_\_

Signature of Rater: \_\_\_\_\_ Date: \_\_\_\_\_